**NZSSD IV Sedation (Comprehensive Course) Evaluation Questionnaire 29 & 30 May 2021**

**Saturday 29th May**

**How did you hear or learn about the conference?**

*NZDA CPD Guide Email advertising Word of mouth Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**Please indicate your overall satisfaction with our conference:**

***Advertising:***

*Very satisfied Somewhat Satisfied Neutral Somewhat Dissatisfied Very Dissatisfied*

Comments: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Registration Process:***

*Very satisfied Somewhat Satisfied Neutral Somewhat Dissatisfied Very Dissatisfied*

Comments: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Venue:***

*Very satisfied Somewhat Satisfied Neutral Somewhat Dissatisfied Very Dissatisfied*

Comments: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Trade Display:***

*Very satisfied Somewhat Satisfied Neutral Somewhat Dissatisfied Very Dissatisfied*

Comments: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Food/Beverages:***

*Very satisfied Somewhat Satisfied Neutral Somewhat Dissatisfied Very Dissatisfied*

Comments: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please indicate your overall satisfaction with the individual presentations:**

**Saturday 29th May:**

***Topic One: Overview of Sedation- Mr Graham Shaw****Very satisfied Somewhat Satisfied Neutral Somewhat Dissatisfied Very Dissatisfied*

***Topic Two: Physiology and Medical Assessment of Risk- Dr Paul Templer***  
*Very satisfied Somewhat Satisfied Neutral Somewhat Dissatisfied Very Dissatisfied*

***Topic Three: Practice Organisation- Dr Graham Shaw***  
*Very satisfied Somewhat Satisfied Neutral Somewhat Dissatisfied Very Dissatisfied*

***Topic Four: Pharmacology- Dr Paul Templer***  
*Very satisfied Somewhat Satisfied Neutral Somewhat Dissatisfied Very Dissatisfied*

***Topic Five: Venepuncture Technique- Dr Don Macalister***

*Very satisfied Somewhat Satisfied Neutral Somewhat Dissatisfied Very Dissatisfied*

***Topic Six: SPANNERS - Dr Don Macalister***

*Very satisfied Somewhat Satisfied Neutral Somewhat Dissatisfied Very Dissatisfied*

***Topic Seven: Trouble Shooting - Dr Tania Stuart***

*Very satisfied Somewhat Satisfied Neutral Somewhat Dissatisfied Very Dissatisfied*

***Topic Eight: NZDA COP and DCNZ Guidelines - Dr Nick Stretton***

*Very satisfied Somewhat Satisfied Neutral Somewhat Dissatisfied Very Dissatisfied*

**Sunday 30thMay:**

***Topic One: Capnography; What and Why - Dr Don Macalister***

*Very satisfied Somewhat Satisfied Neutral Somewhat Dissatisfied Very Dissatisfied*

***Topic Two: Team Work: Flattening the Hierarchy- Dr Paul Templer***

*Very satisfied Somewhat Satisfied Neutral Somewhat Dissatisfied Very Dissatisfied*

***Topic Three: RAVOC - Dr Paul Templer***

*Very satisfied Somewhat Satisfied Neutral Somewhat Dissatisfied Very Dissatisfied*

***Topic Four: Airway Management & Monitors Practical - Various***

*Very satisfied Somewhat Satisfied Neutral Somewhat Dissatisfied Very Dissatisfied*

***Topic Five: Overview of Sedation Techniques - Dr Don Macalister***

*Very satisfied Somewhat Satisfied Neutral Somewhat Dissatisfied Very Dissatisfied*

***Topic Six: Economics of IV Sedation- Dr Graeme Christie***

*Very satisfied Somewhat Satisfied Neutral Somewhat Dissatisfied Very Dissatisfied*

**Which of the topics presented were you most interested in and why? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Did the course fulfil your reason for attending? CPD, networking, etc.**

*Yes Neutral No*

**What was the most beneficial aspect of the course for you?**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Would you recommend this course to others?**

*Yes Maybe No*

**Additional Comments and Suggestions:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Optional Information:**

*Name:* **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*Company:* **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*Email Address:* **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Thank you for taking the time to answer our questionnaire. Your feedback is greatly appreciated and will enable us to better plan and execute future conferences. Please return your questionnaire at the end of the session.